SENDER: COMPLETE THIS SECTION CUMER	t 3 complete this section on delivering 1 of 1
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to: UNIFUND CCR PARTNERS % THE CORPORATION TRUST CO. CORPORATION TRUST CTR. 1209 ORANGE STREET	A. Signature  X  Addressee  B. Received by (Printed Name)  C. Date of Delivery  2 MAY 2006  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
WILMINGTON, DE 19801	3. Service Type Certified Mail Registered Insured Mail CO.D.  4. Restricted Delivery? (Extra Fee)  Service Type Express Mail CO.D.  Yes
	4. Hestiloted Bollvory? (Exalt 7 co)
2. Article Number 7005	3110 0001 5725 7228
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

Case 1